



Linda McCulloch, Superintendent  
Office of Public Instruction  
Accounting Division  
PO Box 202501  
Helena, Montana 59620-2501  
www.opi.mt.gov

## Cash Advance Request for State and Federal Grant Programs

**DIRECTIONS—Only a Prime Applicant should complete this form. Use a separate form for each project.**

1. Complete and sign, then send the original of this form to the Office of Public Instruction, Accounting Department. Retain a copy for district files.
2. The amount requested for a particular month must be the minimum amount needed in that month for actual immediate cash required to carry out the purpose of the approved project.
3. The Office of Public Instruction may, at its discretion, request written documentation and/or an explanation for the amount requested for any or all months, and may request a report of cash-on-hand at anytime during the project period.
4. The total amount of the cash advances requested for this project may be less, but not more, than the approved project budget.
5. This form must be received at the Office of Public Instruction by the 25th of the month PRECEDING the first month a cash advance is needed. The amount requested for a particular month will be sent on the 10th day of that month (e.g., the amount of cash requested below for August will be sent on August 10th if this form is received at the Office of Public Instruction by July 25th).
6. Amended cash advance request forms should be submitted for this project if at anytime during the year a significant cash shortfall or excessive cash-on-hand exists.

Prime Applicant

County:

☐ Elem Legal Entity: \_\_\_\_\_  
☐ H.S. Legal Entity: \_\_\_\_\_  
☐ K-12 Legal Entity: \_\_\_\_\_  
☐ Other Legal Entity: \_\_\_\_\_

Fill in the project name and number (from the budget page) for which this CASH ADVANCE REQUEST is being requested.

State/Federal Program Name

Project Number

PN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Check below to indicate if this is an initial or an amended cash request for this project period \_\_\_\_ - \_\_\_\_.

☐ Initial request ☐ Amended request

Amount of cash advance requested for disbursements to be made in:

July .....	\$ .....	March .....	\$ .....
August .....	\$ .....	April .....	\$ .....
September .....	\$ .....	May .....	\$ .....
October .....	\$ .....	June .....	\$ .....
November .....	\$ .....	July .....	\$ .....
December .....	\$ .....	August .....	\$ .....
January .....	\$ .....	September .....	\$ .....
February .....	\$ .....		

TOTAL ..... \$ .....

I certify that the amount of the monthly cash advances requested above is a reasonable estimate of the minimum amount needed in each month to carry out the purpose of this project.

**Authorized  
Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Clerk/Business  
Official**

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OPI  
USE ONLY**

☐ Approved ☐ Denied ☐ Recorded

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPI Program Accountant